MISSOURI STATE BOARD OF HEALTH Do not use this space. EXACTLY. PHYSICIANS should state ent of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No..... County File No..... Primary Registration District N City. Residence, No. 537 (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred yrs. - mos. 9 How long in U.S., if of foreign birth? mos. should be stated EXAC PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) HEREBY CERTIFY, That Lattended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED THUSBAND OF (OR) WIFE OF 5. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS If LESS than 1 day.brs. Date of onset ormln. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... information should be carefully suppli in plain terms, so that it may be proper 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and year) occupation 23 (STATE OR COUNTRY) FATHER 13. NAME What test confirmed diagnosis?..... Was there an autopay? 14, BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Where did injury occur?....(Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT Manner of injury..... Nature of injury... 24. Was disease or injury in any way related 40 occupation of deceased? If so, specify... (Address) /215 mu. 03ldo

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